Image# 12950634862 PAGE 1 / 16

FEC FORM 1		TATEMEN RGANIZ <i>A</i>				Office	Use Only	
1. NAME OF COMMITTEE (in	,	Check if name s changed)	Example over the	e:If typing, type lines.	12FE4	:М5		
UnitedHea	Ith Group Ir	ncorporate	d PAC	C (United	for He	alth)		, , , 1
ADDRESS (number a		en Road East						
(Check if ac								
is changed)	Minneto	nka 			MN	55343		
		C	CITY		STATE		ZIP COD	E
★ (Check if)	address	provide only one e-r eid@uhc.com	mail addres	s)				
is change	d)							
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)						
(Check if	address							
is change								
2. DATE 02	M / D D / Y	2012						
3. FEC IDENTIFIC	CATION NUMBER	C co	0274431					
4. IS THIS STATE	MENT NEW	(N) OR	×	AMENDED (A)				
I certify that I have e	examined this Stateme	ent and to the best o	of my knov	ledge and belief	it is true, coi	rrect and co	mplete.	
Type or Print Name	of Treasurer Susan S	Sherwood						
Signature of Treasure	Susan Sherwood er		[El	ectronically Filed]	Date	02	22 / Y	2012
NOTE: Submission of	false, erroneous, or inc	omplete information n					nalties of 2 L	J.S.C. §437g.
Office			For	further information	contact:			

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Nam Can	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	a managaratia
(d)		· · · · ·	emocratic, epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segronmittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	e	
UnitedHealth G	roup Incorporated PAC (United for Health)	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
UnitedHealth Group		
Mailing Address	9900 Bren Road East	
•		
	Minnetonka MN 55343	
	CITY STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Records: Idea books and records. David Rei	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	,701 Pennsylvania Avenue, N.W.	
Mailing Address		
	Suite 650	
	Washington DC 20004	
Title or Position	CITY STATE	ZIP CODE
PAC Manager	Telephone number 202 –	654 9928
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name Susan Sho	erwood	
Mailing Address	701 Pennsylvania Avenue, N.W.	
5	Suite 650	
	Washington DC 20004	
Title on Desiries	CITY STATE	ZIP CODE
Title or Position Treasurer		654 9928

Telephone number

	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number =	
Name of Bank,		
	Depository, etc. Mellon Bank	
	Depository, etc. Mellon Bank P.O. Box 329	
Name of Bank,	Depository, etc. Mellon Bank P.O. Box 329	
Name of Bank,	Depository, etc. Mellon Bank P.O. Box 329	
Name of Bank,	Depository, etc. Mellon Bank P.O. Box 329	ZIP CODE
Name of Bank,	Pittsburgh Pittsburgh CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Pittsburgh Pittsburgh CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Pittsburgh Pittsburgh CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Mellon Bank P.O. Box 329 Pittsburgh CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Mellon Bank P.O. Box 329 Pittsburgh CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Mellon Bank P.O. Box 329 Pittsburgh CITY STATE Depository, etc.	ZIP CODE

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Form/Schedule: F1A Transaction ID:

Amending the Report to update affiliated PACs.

Form/Schedule: Transaction ID:

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incorporated PAC of Maryland (United for Health PAC of Maryland) 701 Pennsylvania Avenue, NW Mailing Address Suite 650 DC 20004 Washington **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Inc. PAC of Pennsylvania (United for Health PAC of Pennsylvania) 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

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FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incorporated PAC of Texas (United for Health PAC of Texas) 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 10 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incorporated PAC of Tennessee (United for Health PAC of Tennessee) 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** ZIP CODE STATE 4 Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 11 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incoporated Political Action Committee of Nevada 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 12 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incorporated PAC of Indiana (United for Health PAC of Indiana) 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 13 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group Incorporated PAC of Iowa (United for Health PAC of Iowa) 9900 Bren Road East Mailing Address MN 55343 Minnetonka **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 14 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealthcare PAC (Rhode Island) 475 Kilvert Street Mailing Address 02886 Warwick **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 15 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor UnitedHealth Group, Inc. Conduit of Wisconsin 701 Pennsylvania Avenue, NW Mailing Address Suite 650 DC 20004 Washington **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FEC Form 1G (Revised 06/2011) Page 16 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor XLHealth Corporation PAC (XLHealth PAC) 351 West Camden Street Mailing Address Suite 100 MD 21201 **Baltimore CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number